

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032186
4550 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

FILED SEP 11 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

64 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Menorah Med.Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

1205 W.62

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

Isaac Joseph Cohen

4. DATE

Month Day Year
August 11, 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

Approx. 89

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chairman of Board

10b. KIND OF BUSINESS OR INDUSTRY

I.J.Cohen Co. Inc.

11. BIRTHPLACE (City and state or country)

Russia

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Velvel Cohen

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Fannie Cohen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

66

17. INFORMANT

C.C.Cohen 3205 Tomahawk P.V., Ks.

Address

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Cerebrovascular Accident

INTERVAL BETWEEN ONSET AND DEATH

Acute

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Invalid

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1951

to

8-11-63

and last saw him alive on

8-11-63

Death occurred at

9:00

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William Lowe Mundy, M.D.

22b. ADDRESS

4643 Wyandotte

22c. DATE SIGNED

8-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/12/63

23c. NAME OF CEMETERY OR CREMATORY

MtCarmel Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Louis Memorial Chapel, K.C., Mo.

25. DATE RECD. BY LOCAL REG.

8-15-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

William Lowe Mundy MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy Drifflington.

Licensed Embalmer No. 2756

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.